



Department of Community Health
Georgia Health Families
FINANCIAL SUMMARY FILE

Federally Qualified Health Centers (FQHC)
Rural Health Clinics (RHC) Services

General Report Description	
Financial Summary Information for Federally Qualified Health Centers (FQHC) and Rural Health Clinics (RHC) Services	
Purpose	<p>Summary of payments to Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) including incentive, capitation, administrative and fee for service payments.</p> <p>The data will be utilized to identify any supplemental payments that may be required of the Georgia Department of Community Health (DCH) to the FQHC or RHC to ensure that the FQHC or RHC receives reimbursement for the services rendered to the CMO's members equal to the amount the provider is entitled to under the Benefits Improvement and Protection Act of 2000 (BIPA).</p>
Required Submission Type	ASCII Fixed Width Text File
Comments/ Recommendations	<p>This financial summary data must be submitted by the CMO to DCH no later than 10 calendar days after the end of each month.</p> <p>The CMO should submit the data file for all FQHC / RHC providers as follows:</p> <ul style="list-style-type: none"> • <u>For all Fee-For-Service FQHC / RHC providers</u>, information on all claims for services paid during the time period specified on the report. Paid claims are to include reversals, voids and or adjustments. <p><i>Note: The sum of FFS Payments (Data Element 12) must equal the detail claims data file.</i></p> <p><u>For all Capitated FQHC / RHC providers</u>, information on all claims for services paid and encounters set to "final adjudication" during the time period specified on the report.</p> <ul style="list-style-type: none"> • All performance incentives (excluding dollars paid as capitation or fee-for-service reimbursement) which accrued or was paid during the reporting period. • Total capitation payments made to the provider for the reporting period. • Total administration fees paid <p>DCH reserves the right to audit the number and types of encounters</p>



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Data Elements	
1.) CMO ID	
Qualifications/ Definitions	Insert the CMO identification number
Format	12 Character Length
2.) CMO Name	
Qualifications/ Definitions	Insert the CMO name
Format	35 Character Length
3.) FQHC/RHC Provider Number	
Qualifications/ Definitions	Insert the Medicaid Provider identification number for the FQHC or RHC provider identified in Item 1, "FQHC/RHC Provider Name".
Format	12 Character Length
4.) FQHC/RHC Provider Name	
Qualifications/ Definitions	Indicate the name of the FQHC or RHC on which the CMO is reporting. (See Attachment A for Lists of FQHC / RHC providers.)
Format	35 Character Length
5.) Tax ID	
Qualifications/ Definitions	Insert the tax identification number for the FQHC or RHC provider
Format	9 Character Length
6.) Begin Period	
Qualifications/ Definitions	Indicate the beginning date of the reporting period for which the CMO is submitting the report
Format	Enter in MM/DD/YYYY format (10 Character Length)
7.) End Period	
Qualifications/ Definitions	Indicate the ending date of the reporting period for which the CMO is submitting the report
Format	Enter in MM/DD/YYYY format (10 Character Length)
8.) Report Date	
Qualifications/ Definitions	Indicate the date the report is being submitted
Format	Enter in MM/DD/YYYY format (10 Character Length)
9.) DOS Month and Year	
Qualifications/ Definitions	Insert the month and year in which the service was rendered
Format	Enter in YYYY/MM format (7 Character Length)



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10.) CAP Payments	
Qualifications/ Definitions	Enter the capitated paid amount
Format	Enter in 999,999,999.99- format (15 Character Length)
11.) Admin Fees	
Qualifications/ Definitions	Enter the amount of paid administrative fees
Format	Enter in 999,999,999.99- format (15 Character Length)
12.) FFS Payments	
Qualifications/ Definitions	Enter the Fee-For-Service paid amount.
Format	Enter in 999,999,999.99- format (15 Character Length)
13.) Incentive Payments	
Qualifications/ Definitions	Enter the total amount paid for incentives
Format	Enter in 999,999,999.99- format (15 Character Length)
14.) Total Payments	
Qualifications/ Definitions	Sum of CAP Payments, Admin Fees, FFS Payments and Incentive Payments
Format	Enter in 999,999,999.99- format (15 Character Length)